result. While parents among the higher and middle classes give their children wine, beer, and cognac, those among the poorer classes usually give brandy and whiskey. Cases of alcohol habituation are seen in infancy when, without regard to the presence or absence of fever or to the weakness or strength of the heart, physicians order or sanction the use of alcohol in sickness. Continuous use of alcohol frequently produces cirrhosis of the liver, and four of such cases, in which malaria and lues had been excluded, were observed by the author. The profound effect which the early use of alcohol in large quantities has upon the nervous mechanism is shown by the cases of epilepsy, chorea, and severe neurasthenia traced directly to its use. In children the production of alcoholism is due largely to heredity, several cases having been described, in the literature, of children who, although removed from their alcoholic parents to favorable surroundings, still in the course of time betrayed unmistakable propensities for alcohol. Demme has found that among the offspring of alcoholics the mortality is extraordinary; that those who survive constitute a sad class of idiots, epileptics, and otherwise neurotic individuals, and that only a very small proportion become useful members of society. Alcohol, in spite of the baneful results of its vicious use in childhood, has distinct therapeutic uses, such as in the cardiac asthenia accompanying diphtheria, measles, scarlet fever, and typhoid, in the collapse associated with intestinal diseases, and with severe hemorrhages. Binz has shown that in the failure or in the total cessation of nutrition the administration of alcohol tends to save the destruction of the tissues. When given greatly diluted in water it is rapidly broken up and totally consumed in the tissues, with the production of carbon dioxide and water. Hence alcohol may serve, not as a nutriment, but as a powerful preserver of the tissues in conditions of permanent disturbances of nutrition, in cases of rickets, scrofula, tuberculosis, and in general in all chronic diseases with lowering of the vital resistance.—*Archiv für Kinderheilkunde*, 1902, Heft 1, S. 15.

Mercury in the Cure of Syphilis.—Dr. Leredde says that on account of the widespread extension of syphilis, acquired and hereditary, and of its being regarded as the active or contributory cause of a larger number of other conditions, its treatment is of primary and essential importance. He lays down the following principles: (1) It is necessary to treat severe symptoms of syphilis by injections of mercury alone; (2) it is necessary to increase the dose of mercury so given until symptoms are influenced by it. He argues that the injection of mercury is better than any other means of administration, because by it the quantity given is absolutely known—a fact which is absent alike in administering it by inunction or by the stomach, as no one can tell how much will be absorbed either by the skin or by the digestive apparatus. The therapeutic effect of injection of mercury depends somewhat upon the dose of the drug given and also upon the form. The disease in one person will not, of course, be influenced by the same quantity as would cure another; and, too, in a given patient the dose must be slowly raised until the desired effect is reached. He recommends, as a preventive of the bad results of mercury, that early in the treatment of syphilis every patient should be sent to a competent dentist to have his teeth cleaned and filled and to be instructed in the care of his mouth, as he believes that all mercurial inflammations of the mouth start from bad teeth and bad oral hygiene. This he states very emphatically, saying that a dose which causes trouble when the mouth is dirty and the teeth decayed will cease to inconvenience when these conditions are removed. At present, mercury by injection is given usually in a single dose of large size, once or twice a week; but Leredde states that, in order to gain complete and rapid control over the serious signs of this dreaded disease, it is better to give a smaller dose every day for a short time, so balanced as to come just within the signs of chronic mercurial poisoning: for example, if the stronger salts be employed (the cyanides or sublimide), doses of ¼ or ⅓ of a grain should be given; of the weaker salts (benzoate or biniodide), practically twice the above quantities may be employed daily, instead of the larger doses of salts, like calomel, twice a week, of 1 or 1½ grains each. He believes that the profession underestimate the influence of mercury upon syphilis, and that the quantity given in grave cases is too small, and this is the cause of unsatisfactory results.—*La Semaine médicale*, 1902, No. 17, p.187.

Action of Oil of Turpentine in Phosphorus Poisoning.—DR. V. PLAVEC found the lethal dose of phosphorus for a dog weighing 6 to 9 kilogrammes to be 0.02 to 0.03 grammes. Dogs which had received larger doses succumbed in approximately the same time (nine to thirty-six hours), though some of them had received the oil. Of animals with just fatal doses, seven were observed without treatment, while to ten the antidote was administered. Of the first series six died, and of the second, seven, and all those that survived showed severe symptoms. In all cases the commercial rectified oil, poor in oxygen, was employed. The autopsy showed transudation into both pleuræ and into the periœsophageal tissues, pulmonary œdema, passive hyperæmia, clouding of the parenchymatous organs, and hemorrhagic injection of the mucous membrane of the duodenum. In older cases, fatty degeneration and hemorrhage were pronounced. Phosphorus could never be detected in the urine, but where oil of turpentine was given the reaction for this was positive. The author comes to the conclusion that the administration of the rectified oil has no antidotal action on absorbed phosphorus, or at least only such a remote chemical action that would render it valueless for therapy. The same facts have been already determined by others for the oxidized oil.—*Archiv für Pathologie und Pharmacologie*, 1902, Band xlviii., p. 150.

Action of Digitalin by Exocardial Application.—DR. A. BENEDICENT, stimulated by the difference in results which certain authors obtained by applying helleborin to the exterior of the heart than when it is allowed to affect the interior of that organ by its presence in the circulating fluid, has repeated the experiments with the drugs of the digitalis group. When digitalin was applied to the normal heart of a frog, no change except a slight increase in the pulse-rate is noticed for a time. This soon sinks very markedly, however, and, while the pulse-volume reaches its maximum, increases slowly until complete stoppage occurs for a short period. This is soon followed by a series of pulsations, and then again by stoppage; then